

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04697

CERTIFICATE OF DEATH

Reg. Dist. No. 66

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		(First) <i>Susan</i> (Middle) <i>Mattie</i> (Last) <i>Brasure</i>	4. DATE OF DEATH <i>5 6 1951</i>
5. SEX <i>F.</i>		6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED <i>Married</i>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Delaware</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	12. CITIZEN OF WHAT COUNTRY <i>G.S.A.</i>
13. FATHER'S NAME <i>Murray</i>		14. MOTHER'S MAIDEN NAME <i>Susan M. Murray</i>	
17. INFORMANT AND ADDRESS <i>Dr. F.W. Taylor, Ridgeley Md.</i>		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <i>5 days.</i>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <i>Myocardial Failure</i>		(a) <i>Septicemic bacillary vaginosis</i>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>443X 93d</i>		(b) <i>Generalized arteriosclerosis</i>	
		(c) <i>Debility - Generalized</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Generalized arteriosclerosis</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY While at Work <input type="checkbox"/> At work <input type="checkbox"/> m.	
		(CITY OR TOWN) <i>Ridgeley</i> (COUNTY) <i>Wetzel</i> (STATE) <i>Wetzel</i>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 5, 1951</i> to <i>May 6, 1951</i> , that I last saw the deceased alive on <i>May 6, 1951</i> , and that death occurred at <i>3:30 P.M.</i> m., from the causes and on the date stated above. SIGNATURE <i>Charles H. Umphlett Jr.</i> ADDRESS <i>Ridgeley, W. Va.</i> DATE SIGNED <i>5-6-51</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>5/9/51</i> NAME OF CEMETERY OR CREMATORIAL <i>Ridgeley Cemetery</i> LOCATION (City, town, or county) <i>Ridgeley, W. Va.</i> (State) <i>Wetzel</i>	
DATE REC'D BY LOCAL REG. <i>May 6, 1951</i>		REGISTRAR'S SIGNATURE <i>Mary E. Laird</i> FUNERAL DIRECTOR <i>R.B. Rawlings</i> ADDRESS <i>Greensboro, Md.</i>	

RECEIVED

MAY 9 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04698

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY <i>Caroline</i>	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i>	COUNTY <i>Caroline</i>
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Reuton Rd.</i>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Near Reuton Rd.</i>	(If rural, give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	(First) <i>Martia</i>	(Middle) <i>Killian</i>	(Last) <i>Courcely</i>	4. DATE OF DEATH <i>July 29 1957</i>	(Month) <i>July</i>	(Day) <i>29</i>	(Year) <i>1957</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>20.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>L.</i>	8. DATE OF BIRTH <i>May 25 1918</i>	9. AGE last birthday yrs. <i>41</i>	Under 1 year Months. <i>0</i>	Days <i>0</i>	If under 24 hrs. Hours Min. <i>0</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Eastern Sub</i>	12. CITIZEN OF WHAT COUNTRY <i>M.S.H.</i>
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13. FATHER'S NAME <i>Thomas Courcely Battigia Remondell</i>	14. MOTHER'S MAIDEN NAME <i>Thomas Courcely</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS <i>Thomas Courcely</i>

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>immediate</i>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause <i>9250</i>	(a) <i>Antecedent cause(s)</i>	<i>Accidental Suffocation</i>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>195d</i>	(b) <i>.....</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) <i>Caroline Md</i>
(CITY OR TOWN) <i>Caroline Md</i>	(COUNTY) <i>Caroline</i>	(STATE) <i>Md</i>
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <i>Dead while at home</i>

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased

alive on , 19 , and that death occurred at 8 i. p. m., from the causes and on the date stated above.

SIGNATURE *Johnson & George D. Jr. Medical Engineers, Denton Md* DATE SIGNED *6/6/51*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Buried</i>	DATE <i>May 31 1957</i>	NAME OF CEMETERY OR CREMATORIAL <i>Denton</i>	LOCATION (City, town, or county) <i>Denton</i>	(State) <i>Md</i>
DATE REC'D BY LOCAL REG. <i>5/31/57</i>	REG. <i>5/31/57</i>	REGISTRAR'S SIGNATURE <i>Johnson & George</i>	24. FUNERAL DIRECTOR <i>Virgil Moore & Son, Denton</i>	ADDRESS

20527135 2404

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JUN 7 1951

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04699

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH COUNTY <i>Caroline</i>			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>MARYLAND</i>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Greensboro</i>			LENGTH OF STAY (in this place) <i>2 yrs</i>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Wyatt Boarding Home</i>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Greensboro</i>		
3. NAME OF DECEASED (Type or Print) <i>AIMEE</i>			4. DATE OF DEATH <i>MAY 23 1951</i>		
5. SEX <i>F</i>			6. COLOR OR RACE <i>W</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>			8. DATE OF BIRTH <i>Dec 6, 1868</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			9. AGE last birthday 82 yrs.		
10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>			11. BIRTHPLACE (State or foreign country) <i>Ind</i>		
13. FATHER'S NAME <i>Edward B. Carter</i>			12. CITIZEN OF WHAT COUNTRY <i>USA</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>none</i>		
17. INFORMANT AND ADDRESS <i>Mrs Isabelle Carter, 1213 Jefferson St. Wilmer, Del</i>			18. MEDICAL CERTIFICATION <i>Gender Recal Disease Edward Carter Cr. Deceased George Cole</i>		
INTERVAL BETWEEN ONSET AND DEATH					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause <i>Antecedent cause(s)</i>					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>131a</i>					
(a) _____ <i>Edward Recal Disease</i>					
(b) _____ <i>Edward Carter Cr. Deceased</i>					
(c) _____ <i>George Cole</i>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 15, 1950</i> , to <i>May 23, 1951</i> , that I last saw the deceased alive on <i>May 22, 1951</i> , and that death occurred at <i>Greensboro</i> m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED <i>Carrie H. Greenfield</i> <i>Greensboro May 24 1951</i>					
23. BURIAL, CREMATION REMOVAL (City) <i>Cremation</i>		DATE THEREOF <i>May 25, 1951</i>		NAME OF CEMETERY OR CREMATORIAL <i>Silverbrook Crematory</i>	
LOCATION (City, town, or county) <i>Wilmington, Delaware</i>		(State)			
DATE REC'D BY LOCAL REG. OFFICER		REG. NO.		24. FUNERAL DIRECTOR ADDRESS <i>L Mrs. Lippincott J. Virgil Brown, Interlocked.</i>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04700

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: CITY (If outside corporate limits, write RURAL and OR give nearest town)		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: CITY (If outside corporate limits, write RURAL and give nearest town)		COUNTY	
Towson		Length of Stay (in this place)		Towson		Towson	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		at Towson		STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First) Bessie (Middle) Lee (Last)		4. DATE OF DEATH		(Month) (Day) (Year)	
Female Blk		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		5. SEX		May, 25 '51 1951	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE last birthday		If under 1 year Months Days Hours Min.	
at leisure		-		Apr. 30 1883 58 yrs.		If under 24 hrs. Months Days Hours Min.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
Oliver Johnson		Alice Dixon		Maryland		U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
No		-		William Jones		Cerebral hemorrhage 1 day	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

Hypertension
Diabetes mellitus

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)	
INJURY		TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work		HOW DID INJURY OCCUR?			
OF INJURY		m. 1950 May 25		Not While At work		hit			

22. I hereby certify that I attended the deceased from fit, 19 1950 May 25, 19 1951, that I last saw the deceased alive on May 25, 19 51, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county)		(State)	
Buried		May 29, 1951		Spring Grove Cem.		Baltimore		Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS			
5/28/51		M. D. George		J. Siegel		Moore & Son, Baltimore			

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MAY 1 1951

BUREAU Y-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04701

Reg. Dist. No. 61

1. PLACE OF DEATH- CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS			MARYLAND LENGTH OF STAY (In this place)			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS			COUNTY Maryland Greensboro South Main		
Caroline Greensboro None											
3. NAME OF DECEASED (Type or Print)			(First) (Middle) (Last)			4. DATE OF DEATH			(Month) (Day) (Year)		
Ethel Mae Parks						5/29/1951			5 29 51		
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)		8. DATE OF BIRTH		9. AGE last birthday		10. DATE OF DEATH	
F.		White		Married		2/6/1924		27 yrs.		If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
Restaurant Owner			Restaurant			Phila. Penna.			U.S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME								
Vernon Bruce			Lillian Laevis								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT AND ADDRESS					
No			206-12-3320			Melvin Parks Greensboro, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

824.5 Immediate cause

(a) Hemorrhage - Internal

immediate

Antecedent cause(s)

(b) Fractured st arm

Diseases or conditions, if any, giving rise to the above cause

(c) Shock

stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

20. AUTOPSY?

Yes No

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, of office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)	
INJURY		Injury		Rural Greensboro Caroline Md					
TIME (Month)	(Day)	(Year)	INJURY OCCURRED	HOW DID INJURY OCCUR?					
OF			While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>						
INJURY	May 29 1951	14 m.		Last Central Pk - thrown out of car					

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

5/29/51

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county)		(State)	
Burial		6/1/1951		Greensboro		Greensboro		Md.	

DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
May 29-1951		L. Mae Lippin		R. B. Rawlings		Greensboro, Md.	
						290679	

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JUN 4 1951

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JUN 4 1962
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04703

Reg. Dist. No. 62

CERTIFICATE OF DEATH

~~The correct age~~

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
<i>Caroline</i>		MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		(First) (Middle) (Last)	
4. DATE OF DEATH		(Month) (Day) (Year)	
5. SEX		6. COLOR OR RACE	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AT last birthday	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (At year, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS		14. MOTHER'S MAIDEN NAME	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <i>Coronary occlusion</i>		
Antecedent cause(s) (b) <i>Coronary arteria sclerosis</i>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 9, 1951*, to *May 25, 1951*, that I last saw the deceased alive on *May 25, 1951*, and that death occurred at *9:45 p.m.* from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
DATE RECD. BY LOCAL REG.		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<i>Burial</i>		<i>May 29, 1951</i>	<i>J. Virgil Moore & Son</i>		
5/26/51		<i>M. D. O. George</i>	800 367		

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MAY 22 1951

MARYLAND STATE DEPARTMENT OF HEALTH

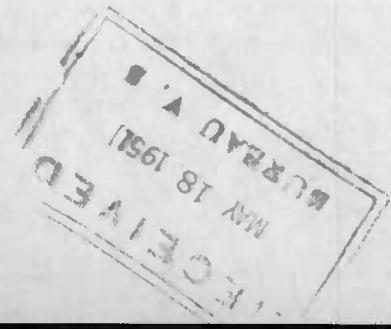
2411 N. Charles Street, Baltimore

04704

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED CITY (If outside corporate limits, write RURAL and give nearest town) TOWN			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		STREET ADDRESS			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		3. NAME OF DECEASED (Type or Print)			
(First) ELIZABETH		(Middle) (Last) WERNER			
4. SEX F		5. COLOR OR RACE W			
6. DATE OF BIRTH JAN 24, 1866		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. AGE last birthday 85 yrs.		9. DATE OF DEATH MAY 7 1951			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home			
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY A.S.A.			
13. FATHER'S NAME John Ellman		14. MOTHER'S MAIDEN NAME Margaret Schiller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No			
17. INFORMANT AND ADDRESS Ralph Werner, Denton, Md		18. MEDICAL CERTIFICATION Cerebral Hemorrhage & Hemiplegia Cardiovascular Disease General Circulatory Disease			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) _____ Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____ 131a				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? m. <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from alive on <u>May 7</u> , 1951, and that death occurred at <u>6:30</u> p.m. from the causes and on the date stated above. SIGNATURE <u>Clark X J Nease Jr</u> (Degree or title) ADDRESS <u>600 W. 20th St.</u> DATE SIGNED <u>May 7 1951</u>					
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>May 10, 1951</u> NAME OF CEMETERY OR CEMATORIY <u>Denton</u> LOCATION (City, town, or county) <u>Denton Md.</u> (State)			
DATE REC'D BY LOCAL REG. <u>5/10/51</u>		REGISTRAR'S SIGNATURE <u>Tom W. George</u>		24. FUNERAL DIRECTOR ADDRESS <u>Virgil Moore Denton Md.</u>	



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04705

Reg. Dist. No. 66

1. PLACE OF DEATH: COUNTY <i>Caroline</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i>		COUNTY <i>Caroline</i>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Ridgely</i>		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Ridgely</i>		STREET ADDRESS <i>Damney Lane</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Damney Lane</i>									
3. NAME OF DECEASED (Type or Print) <i>Wilbert William Wheeler</i>		(First) <i>Wilbert</i>	(Middle) <i>William</i>	(Last) <i>Wheeler</i>	4. DATE OF DEATH <i>May 10 1951</i>		(Month) <i>May</i>	(Day) <i>10</i>	(Year) <i>1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widower</i>		8. DATE OF BIRTH <i>Mar. 9, 1881</i>		9. AGE last birthday <i>70</i>	10. under 1 year Months <i>0</i>	11. under 24 hrs Hours <i>0</i>	12. under 24 hrs Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Day Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Canning</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			
13. FATHER'S NAME <i>Saul Wheeler</i>				14. MOTHER'S MAIDEN NAME <i>unkown</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS <i>Clinton Wheeler, Ridgely, Md.</i>					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Coronary arterio sclerosis - occlusion - possibly few minutes*

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last
94a

(b) *Generalized arterio sclerosis*

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>		(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY	m.						

22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide homicide undetermined

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Dawson T. George, M.D. *Denton Md.* *5-11-51*

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>May 14, 1951</i>		NAME OF CEMETERY OR CREMATORIUM <i>Denton</i>		LOCATION (City, town, or county) <i>Denton</i>	(State) <i>Maryland</i>
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DATE REC'D BY LOCAL REGISTRY <i>May 14, 1951</i>	REGISTRAR'S SIGNATURE <i>Mary C. Laird</i>	24. FUNERAL DIRECTOR <i>Virgil Moore & Son Denton Md.</i>	ADDRESS <i>690408</i>
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